No. 300	THE DIVISION OF HEALTH OF MISSOURI FILED MAR 6 1950 STANDARD CERTIFICATE OF DEATH State File No									4231
つっと	JBIRTH NO.	1000	REG. D	IST. NO	69	PRIMARY REG. DIST.	NO. 227	2 Registra	r's No	9
1	1. PLACE OF DEATH a. COUNTY Christian					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY Christian				
/ `	b. CITY (H outside corporate limite, write RURAL and give c. LENGTH OF OR TOWN R # 2 Billings (1) 46 yrs					c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Rural R # 2 Billings POLKTWS				
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION					d. STREET ADDRESS	(If rural, give		·····	0220
PERMANENT REC	3. NAME OF DECEASED (Type or Print) Be		b. (Midd	•	c. (Last) Carver 4. DATE : (Month) (Day) (Year) OF DEATH Feb. 27, 1950					
	5. SEX 6.	7. MARR WIDOV	IED, NEVER M VED, DIVORCE Pried	ARRIED.	8. DATE OF BIRTH October 14,1877 9. AGE (In years) IF UNDER I YEAR Hours Min. 9. AGE (In years) Manths Days House Min.					
ERMA	10a. USUAL OCCUPATIOn done during most of working Housewif	k 10b. KIN	D OF BUSINE	+	11. BIRTHPLACE (State or foreign country) 12. Cl				CITIZEN OF WHAT COUNTRY?	
ם	13a. FATHER'S NAME	<u>'</u>	36. MOTHER	'S MAIDEN						
MAKE A	Dayton H	i. Carre	11 J	Rutl	h Hard	lin Winford R. Carver				
	15. WAS DECEASED EVE	FORCES?	16. SOCIAL	SECURITY NO.	17. INFORMANT		_ :	-	ADDRESS	
	no	yes, give war or date	or or service/		no	Finis N. Carver, Marionville,				
INK—	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARCING MAT - Of. 4495. (RIMMON) ARCING MAT - Of.									
CK	*This does not mean ANTECEDENT CAUSES									•
	the mode of dying, such Morbid conditions, if any, giving DUE TO (b)							· · · · · · · · · · · · · · · · · · ·	-	
BLA	as heart failure, asthenia, etc. It means the dis-	the underlying c	ause last.	_	'. (2)		•	·		
LAINLY—USING UNFADING	ease, injury, or complica- tion which caused death.	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				· · · · · · · · · · · · · · · · · · ·				11 6.
	1000 00000									163X
UNEA	19a. DATE OF OPERA- TION	196, MAJOR FI	NDINGS OF	OPERATION						20. AUTOPSY?
ING 1	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE home, farm, f	OF INJURY (e.	g., in or about lee bidg., etc.)	21c. (CITY, TOWN, OF	TOWNSHIP)	(COU	NTY)	(SȚATE) /
-ùs	21d. TIME (Month) OF INJURY	(Day) (Year)		HILE AT NO A	CCURRED T WHILE	21f. HOW DID INJUR	Y OCCUR?			
INLY	22. I hereby certify that I attended the deceased from									
2	23a. SIGNATURE	osetti	. ((Deg	ree or title)	23b. ADDRESS			· ,	23c. DATE SIGNED
WRITE	MAL BURIAL, CREMA TION REMOVAL (Bredly BUT 181	76. DATE Feb. 28	,1950			y or crematory vs Cemetery		ON (City, town,		7) (State) MO.
•	DATE REC'D BY LOCAL 2-28-1957	REGISTRAR'S	SIGNATURE		60	25. FUNERAL DIRE	CTOR'S SIG	NATURE - MA		ndille
	7.7.			(Licensed I	mbalmer's	tatement on Reverse Si	ide) /	> (Mo

RECEIVED MAR 4 1950
District Health Office No. 6,
District File Number 3 50 - 29 0
Date Filed 3 4 50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______

working under my personal supervision.

Horman Q

Licensed Embasiner No.

P. O. Address A Phionnel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.